



#### **APPLICATION DATA SHEET**

#### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

None

Computer Readable Form (CRF)?::

No

Number of copies of CRF::

Title ::

METHOD AND SYSTEM FOR

IDENTIFICATION AND MAINTENANCE OF

FAMILIES OF DATA RECORDS

Attorney Docket Number::

480142.401

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

**Total Drawing Sheets::** 

26

Small Entity?::

Yes

Petition included?::

No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?::

No





### **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kelly

Middle Name::

Family Name:: Meinig

Name Suffix::

City of Residence:: Seattle

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 11750 33<sup>rd</sup> Place Northeast

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98125-5612

### **Correspondence Information**

Correspondence Customer Number :: 00500

### Representative Information

| Representative Customer Number:: |  | 00500 |
|----------------------------------|--|-------|
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# **Domestic Priority Information**

| Application :: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|----------------|-------------------|----------------------|----------------------|
|                |                   |                      |                      |
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|                |                   |                      |                      |

# Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

## **Assignee Information**

| Assignee name::                         |  |
|---|--|
| Street of mailing address::             |  |
| City of mailing address::               |  |
| State or Province of mailing address::  |  |
| Country of mailing address::            |  |
| Postal or Zip Code of mailing address:: |  |

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